

CITY OF CAMBRIDGE
INSPECTIONAL SERVICES DEPARTMENT

_____, Mass.

Date _____ 19____

City, Town

Permit # _____

AT: Building Location

Owner's
Name

Type of Occupancy: _____

New ☐

Renovation ☐Replacement ☐

Plans Submitted: Yes ☐ No ☐

Yes ☐ No ☐

No ☐[illegible]

(Print or Type)

Installing Company Name_____

Check one: ☐ Certificate

Address

☐ Corp. _____

☐ Partnership_____

☐ Firm/Company _____

Business Telephone _____ Name of Licensed Plumber _____

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142.

Yes ☐ No ☐

If you have checked yes, please indicate the type coverage by checking the appropriate box.

A liability insurance policy ☐ Other type of indemnity ☐ Bond ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Check one:

Owner ☐ Agent ☐

Signature of Owner or Owner's Agent

I hereby certify that all of the details and information I have submitted (or entered) in above application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under Permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

By _____

Title _____

City/Town: _____

APPROVED (OFFICE USE ONLY)

Signature of Licensed Plumber

Type of Plumbing License

License Number

☐ Master ☐ Journeyman